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Intellectual Property Department  
170 Wood Avenue South  
Iselin, New Jersey 08830  
Tel: 732-321-3018  
Fax: 732-321-3030  
Email: Christine.briscoe@siemens.com

**SIEMENS**

# Fax

|               |   |               |                    |
|---------------|---|---------------|--------------------|
| <b>To:</b>    | Examiner -- Lê V Nguyen   | <b>From:</b>  | Alexander J. Burke |
| <b>Fax:</b>   | 703-872-9306  | <b>Pages:</b> | 24                 |
| <b>Phone:</b> | 703-305-7601  | <b>Date:</b>  | 9/14/2004          |
| <b>Re:</b>    | Serial No. 09/939,899<br>Art Unit 2174<br>Response to Office Action | <b>CC:</b>    |                    |

IF YOU DO NOT RECEIVE ALL OF THIS TELEFAX IN GOOD ORDER,

PLEASE CALL: Christine Briscoe at 732-321-3018

Attached is the following:

Amendment 20 pp.

For Application No.: 09/939,899

Filing Date: 08/27/01

First Named Inventor: Kevin O'Rourke

Group Art Unit: 2174

Attorney Docket: 2001P07802US01

#### CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to Examiner Lê V Nguyen, fax No. 703-872-9306 in accordance with 37 CFR 1.8

*Alexander J. Burke*  
Alexander J. Burke

*14 September 2004*  
Date

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kevin O'Rourke

Docket No.: 2001P07802 US01

Serial No.: 09/939,899

Examiner: Lê V Nguyen


Filed: 08.27.01

Group Art Unit: 2174

Title: A System and User Interface for Processing and Navigating Patient Record Information

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to Examiner Lê V Nguyen, fax No. 703-872-9306 in accordance with 37 CFR 1.8

  
Alexander J. Burke

14 September 2004  
Date

Mail Stop: Amendments  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a response to the outstanding Official Action in the above patent application.

The fee for this response has been calculated as shown below:

|                                     | CLAIMS<br>REMAINING | HIGHEST<br>PAID FOR | NO.<br>EXTRA | RATE     | FEE |
|-------------------------------------|---------------------|---------------------|--------------|----------|-----|
| TOTAL                               | 24                  | 21                  | 3            | 3 x \$18 | 54  |
| INDEPENDENT                         | 5                   | 5                   | 0            | x \$86   |     |
| MULTIPLE DEPENDENT CLAIMS PRESENTED |                     |                     |              | \$ 290   |     |
| TOTAL \$                            |                     |                     |              |          | 54  |

[X] Please charge my Deposit Account No. 19-2179 in the amount of \$54.00. A duplicate copy of this sheet is attached.

Respectfully submitted,



Alexander Burke  
Registration No.: 40,425

Date: 14 September 2004

Please direct correspondence to:  
Elsa Keller  
Siemens Corporation  
Intellectual Property Department  
170 Wood Avenue South  
Iselin, NJ 08830  
(732) 321-3026

IDNR: 7000 / V: 03.10.01 / B: Val